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PTO/SB/17 (06-07)  
Approved for use through 06/30/2007. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

## FEE TRANSMITTAL

### For FY 2007

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ ) 905.00

#### Complete if Known

Application Number	10/718,765-Conf. #1461
Filing Date	November 21, 2003
First Named Inventor	Rima KADDURAH-DAOUK
Examiner Name	J. S. Lundgren
Art Unit	1639
Attorney Docket No.	AVZ-001CPUSCN2RCE

#### METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_  
☒ Deposit Account Deposit Account Number: 12-0080 Deposit Account Name: Lahive & Cockfield, LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee  
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

#### FEE CALCULATION

##### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Fees Paid (\$)
		Fee (\$)		Fee (\$)		Fee (\$)		
Utility	300	150	500	250	200	100		
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0		

##### 2. EXCESS CLAIM FEES

Fee Description	Small Entity Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims Extra Claims Fee (\$) Fee Paid (\$)  
8 - 20 = 0 x =

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)  
2 - 3 = 0 x =

HP = highest number of independent claims paid for, if greater than 3.

##### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)  
- 100 = /50 = (round up to a whole number) x =

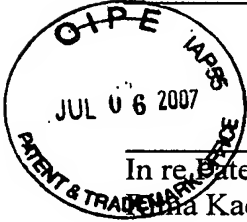
##### 4. OTHER FEE(S)

	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	
Other (e.g., late filing surcharge): 2801 Request for continued examination (RCE) (see 37 ...)	395.00
2253 Extension for response within third month	510.00

##### SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	53,623	Telephone	(617) 227-7400
Name (Print/Type)	Cynthia M. Soroos	Date	July 6, 2007		

Express Mail Label No. EV 956 474 505 US Dated: July 6, 2007



Docket No.: **AVZ-001CPUSCN2RCE**  
(PATENT)

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Patent Application of:  
*Kaddurah-Daouk et al.*

Application No.: 10/718,765

Confirmation No.: 1461

Filed: November 21, 2003

Art Unit: 1639

For: USE OF CREATINE OR CREATINE  
ANALOGS FOR THE TREATMENT OF  
DISEASES OF THE NERVOUS SYSTEM

Examiner: J. S. Lundgren

**REQUEST FOR CHANGE OF ATTORNEY DOCKET NUMBER**

MS RCE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:


The Attorney Docket Number of the above-identified patent application has changed.  
Please take notice that the Attorney Docket Number for this application should now be as follows:

**AVZ-001CPUSCN2RCE**

Please reference **AVZ-001CPUSCN2RCE** on all future correspondence.

Dated: July 6, 2007

Respectfully submitted,

By 

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